## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

12/23/2003

Thomas Q. Henry, Esq. Woodward, Emhardt, Naughton, Moriarty & McNett Bank One Center/Tower, Suite 3700 111 Monument Circle Indianapolis,, IN 46204-5137

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

senmat (Depositor's name (Signature 200× (Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/828.874 04/10/2001 Joel S. Douglas 018176-381 1056

TITLE OF INVENTION: OPTICS ALIGNMENT AND CALIBRATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional NO		\$1330	· \$300	\$1630	03/23/2004		
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
SMITH, ZANDRA V		2877	356-440000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 $\hfill \Box$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

WOODARD, EMHARDT, MORIARTY. MCNETT & HENRY LLP PATENT AND TRADEMARK ATTORNEYS BANK ONE CENTER TOWER 111 MONUMENT CIRCLE. SUITE 3700 INDIANAPOLIS, INDIANA 46204-5137

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

(Authorized Signature)

AMIRA MEDICAL

Scotts Valley California

	dedeed valley, callfornia						
Please check the appropriate assignee category or	ategories (will not be printed on the patent);						
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):						
Issue Fee	A check in the amount of the fee(s) is enclosed.						
Publication Fee	☐ Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies 1 O	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-3030 (enclose an extra copy of this form).						
Director for Patents is requested to apply the Issue	Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.						

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			iling Date				04/10/2001			
I First			nventor		<u>J</u> 0	icel S. Douglas				
Effective 01/01/2003. Patent fees are subject to annual revision.			it		<u> </u>	28				
Applicant claims small entity status. See 37 CFR 1.27 Example 1.27			miner Name			Smith, Zandra V.				
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Deposit Account 23-3030		1052	50	2052	25	Surcharg sheet.	e – late provisio	nal filing fee or cover		
Number	1	1053	130	1053	130	Non-Eng	lish specification			
Deposit Account Woodard, Emhardt, Moriarty,	ļ	1812	2,520	1812	2,520	For filing a request for ex parte reexamination				
Name McNett & Henry LLP	Ì	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner's Action Requesting publication of SIR after				
The Commissioner is authorized to: (check all that apply)  Charge fee(s) indicated below  A Credit any overpayments	l	1805	1,840*	1805	1,840*		ing publication of r's Action	SIK BILEF		
Charge any additional fee(s) during the pendency of this application	on,	1251	110	2251	55	Extension for reply within first month				
excluding the payment of issue fees  Charge fee(s) indicated below, except for the filling fee to the above- identified deposit account.			420	2252	210	Extension for reply within second month				
FEE CALCULATION		1253	950	2253	475	Extensio	n for reply within	third month		
1. BASIC FILING FEE		1254	1,480	2254	740	Extensio	n for reply within	fourth month		
Large Entity Small Entity Fee _		1255	2,010	2255	1,005	Extensio	n for reply within	i fifth month		
Fee Fee (\$) Code Fee (\$) Description	Paid	1401	330	2401	165	Notice of	f Appeal			
1001 770 2001 385 Utility Filing Fee		1402	330	2402	165	Filing a l	brief in support o	f an appeal		
1002 340 2002 170 Design Filing Fee		1403	290	2403	145	•	for oral hearing			
1003 530 2003 265 Plant Filing Fee		1451	1,510	1451	1,510	Petition	to institute a pub	lic use proceeding		
1004 770 2004 385 Reissue Filing Fee		1452	110	2452	55	Petition	to revive - unavo	oidable		
1005 160 2005 80 Provisional Filing		1453	1,330	2453	665	Petition	to revive - uninte	entional		
Fee SUBTOTAL (1) (\$)		1501	1,330	2501	665	Utility is:	sue fee (or reissu	ue)	1330	
2. EXTRA CLAIM FEES		1502	480	2502	240	Design issue fee				
Extra Fee From Below Fee	Paid	1503	640	2503	320	Plant issue fee				
Total Claims		1460	130	1460	130	Petitions	s to the Commiss	sioner		
Independent -3** = X		1807	50	1807	50	Petitions	s related to provi	sional applications		
Claims		1806	180	1806	180	Submis	sion of Informatio	on Disclosure Stmt		
Multiple Dependent				ł	40	Recordi	ing each patent a	ssignment per		
		8021	40	8021	40	property				
Large Entity Small Entity Fee Description		1809	770	2809	385	Filing a CFR 1.1		final rejection (37		
Fee Fee Fee Code (\$)		1810	770	2810	385	For eac	• • •	ntion to be examined		
1202 18 2202 9 Claims in excess of 20				Į		•				
1201 86 2201 43 Independent claims in excess of 1203 290 2203 145 Multiple dependent claim if no		1801	770 900	2801	385 900	Reques	at for expedited e	Examination (RCE) examination of a		
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1204 86 2204 43 **Reissue independent claims original patent	over			O.	uhlic	ublication Fee				
1205 18 2205 9 **Reissue claims in excess of	9 **Reissue claims in excess of 20			Other Fee (specify)			natent conies			
and over original patent			Other Fee (specify)  10 patent copies  * Reduced by Basic Filing Fee Paid  SUBTOTAL (3) (\$)				L (3) (\$) 16	6000		
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								Complete (if applicable)		
Name (Print/Type) Charles P. Schmal			•	Registration No. (Attorney/Agent) 45, 082 Telephone (317) 634-3456			6			
O VIII SONY	nau		(Attorney/A	(Agent)	1010	UU	Date	March 15		
Signature	- 			· / ^			MUULUM 10			

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March 15, 2004

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Sir:

The enclosed check No. 42968 covers the issue fee and publication fee payments in the amount and manner set forth below. Please charge any additional fees which may be due or credit any overpayments to deposit account No. 23-3030.

1. Issue fee due on Joel S. Douglas application, Ser. No. 828,874 entitled OPTICS ALIGNMENT AND CALIBRATION SYSTEM - see attached sheet.

\$ 1330.00

2. Publication fee due on patent serial No. 828,874 – see attached sheet

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3. Advance order of 10 copies of patent serial No. 828,874 – see attached sheet

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TOTAL BALANCE TO BE PAID:

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Kari K. Woehler

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Charles P. Schmal
Name of Registered Representative

Signature

March 15, 2004

Date of Signature